

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 8
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: FLORIDA

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

☒ Applicable to all groups.

☐ Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for _____ months	Amount by which Column (4) exceeds limits specified in 42 CFR
<input type="checkbox"/> urban only		435.1007 ^{1/}		435.1007 ^{1/}
<input type="checkbox"/> urban & rural				
1	\$ 180	\$	\$	\$
2	\$ 241	\$	\$	\$
3	\$ 303	\$	\$	\$
4	\$ 364	\$	\$	\$

For each additional person, add:

\$ 62

\$

\$

\$

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 92-03

Supersedes

TN No. 91-39

Approval Date SEP 18 1992

Effective Date 1/1/92

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: FLORIDA

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1) Family Size	(2) Net income level protected for maintenance for _____ months	(3) Amount by which Column (2) exceeds limits specified in 42 CFR	(4) Net income level for persons living in rural areas for _____ months	(5) Amount by which Column (4) exceeds limits specified in 42 CFR
<input checked="" type="checkbox"/> urban only		435.1007 ^{1/}		435.1007 ^{1/}
<input checked="" type="checkbox"/> urban & rural				
5	\$ 426	\$	\$	\$
6	\$ 487	\$	\$	\$
7	\$ 549	\$	\$	\$
8	\$ 610	\$	\$	\$
9	\$ 671	\$	\$	\$
10	\$ 733	\$	\$	\$

For each
addi-
tional
person,
add:

\$ 62

\$

\$

\$

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 92-03
Supersedes
TN No. 91-39

Approval Date SEP 18 1992

Effective Date 1/1/92

HCFA ID: 7985E

Revision: HCFA-Region IV

August 1991

SUPPLEMENT 1 TO ATTACHMENT
2.6-A
Page 9a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

INCOME LEVELS (Continued)

E. Optional Groups Other Than the Medically Needy

1. Institutionalized Individuals Under Special Income Levels as follows:

Payment Category (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
	Federal	State	Gross 1 per- son	Couple	Net 1 per- son	Couple	
(1)	(2)		(3)		(4)		(5)
A. Skilled Nursing Facility		X	300% of SSI FBR	300% of SSI FBR x 2	300% of SSI FBR	300% of SSI FBR x 2	SSI, VA Aid & Attendance and exclusion for UME-VAIP in eligibility determination for those with gross income less than 300% of SSI FBR.
B. Mental Hospital & Psychiatric Facilities		X	"		"		
C. Intermediate Care Facility		X	"	"	"	"	
D. Intermediate Care Facility for the Mentally Retarded		X	"	"	"	"	

*Agency that determines eligibility for coverage.

TN No. 91-39 Approval Date _____ Effective Date 10/1/91
Supersedes _____
TN No. NEW SEP 18 1992 HCFA ID: 7983E